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Feb 26 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 833824 (6)

1. Corporation Name

GRAND SPANISH LANGUAGE ORIENT OF ANCIENT AND ACC
EPTED SCOTTISH RITE FOR THE UNITED STATES OF AM

Principal Place of Business

Mailing Address

% FRANK CALZADILLA
9615 SW 148 CT. "KENDAL"
MIAMI FL 33196-1642

% FRANK CALZADILLA
9615 SW 148 CT. "KENDAL"
MIAMI FL 33196-1642



3. Date Incorporated or Qualified
02/13/1975

3a. Date of Last Report
03/22/1996

4. FEI Number
13-3160127

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GODOFREDO BETANCOURT
2430 SW 99TH AVENUE
MIAMI FL 33175

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SANTALLA, OSCAR
STREET ADDRESS 7295 W 2ND CT.
CITY-ST-ZIP HIALEAH FL 33014

DELETE

TITLE D
NAME FLORES, ARTURO
STREET ADDRESS 370 CENTRAL PK WEST #101
CITY-ST-ZIP NEW YORK, N Y 10025

DELETE

TITLE T
NAME ANGELO, MARTIN
STREET ADDRESS 88 HURD ST.
CITY-ST-ZIP MINEHILLI NJ 03801

DELETE

TITLE P
NAME CALZADILLA, FRANK
STREET ADDRESS 9615 S.W.148 CT.
CITY-ST-ZIP MIAMI FL

DELETE

TITLE D
NAME PIEDRA, RENE
STREET ADDRESS 2910 HEALTH AVE
CITY-ST-ZIP BRONX NY

DELETE

TITLE D
NAME PAZ, BENEDITO
STREET ADDRESS 3898 W FLAGLER ST
CITY-ST-ZIP MIAMI FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0033820

CR2E037 (9/96)